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REPORT ON THE IMPLEMENTATION OF THE DECISIONS AND RECOMMENDATIONS OF THE PROGRAMME COORDINATING BOARD OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS*

Background

1. At the June 2003 joint meeting of the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the United Nations World Food Programme (WFP), several delegations recommended that there be a standing agenda item on the decisions, recommendations and conclusions of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS). This item is discussed each year at the second regular session of the UNDP/UNFPA Executive Board.

2. This report focuses on the implementation and impact of the recommendations from the sixteenth and seventeenth meetings of the Programme Coordinating Board held in December 2004 and June 2005, respectively. The recommendations may be accessed at: www.unfpa.org/exbrd or www.unaids.org. The recommendations that are most relevant to UNFPA are in the following areas: (a) co-sponsorship; (b) strengthening linkages between sexual and reproductive health and HIV/AIDS; (c) coordination and harmonization; (d) the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; (e) strengthening national responses; (f) scaling up HIV treatment; (g) the UNAIDS policy position paper on intensifying HIV prevention; (h) women, gender and AIDS; and (i) the UNAIDS unified budget and workplan, 2006-2007.

* The compilation of data required to present the Executive Board with the most current information has delayed submission of the present document.

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Co-sponsorship

3. As a co-sponsor of UNAIDS, UNFPA is committed to implementing the recommendations of the Programme Coordinating Board and to working effectively with all United Nations system organizations and other partners. The focus of UNFPA work in HIV/AIDS remains: (a) the prevention of HIV infection among young people; (b) women and AIDS; and (c) comprehensive condom programming. In addition, UNFPA seeks to create enabling environments that foster gender equity and equality, cultural sensitivity and partnerships, which complement UNFPA efforts.

4. UNFPA is the UNAIDS convening agency on young people and on condom programming. It provides strong leadership at the country level and chairs 20 per cent of United Nations theme groups on HIV/AIDS. The reaffirmation of the Programme of Action of the International Conference of Population and Development (ICPD) during the ten-year review confirms the importance of the UNFPA focus in combating HIV and AIDS. UNFPA supports countries in reaching the goals, objectives and targets of the ICPD Programme of Action, the key actions for the further implementation of the ICPD Programme of Action (ICPD+5), the Declaration of Commitment on HIV/AIDS and the United Nations Millennium Declaration.

Strengthening linkages between sexual and reproductive health and HIV/AIDS

5. UNFPA has mobilized members of the Programme Coordinating Board and other organizations of the United Nations system around the linkages between sexual and reproductive health and HIV/AIDS and the feminization of the epidemic. This has resulted in a growing number of partners in UNAIDS and in public, private and civil-society sectors. The importance of these linkages, and of universal access to sexual and reproductive health in halting and reversing the HIV/AIDS pandemic, is gaining momentum. This is evident in various calls for action, policy statements and recommendations, including those of the Programme Coordinating Board, which recognize the linkages. The United Nations Millennium Project has emphasized that expanding access to sexual and reproductive health information and services is a "quick win"– a cost-effective action to enable countries to achieve the Millennium Development Goals (MDGs).

6. In 2004, as part of UNFPA and partner agency efforts to mark the tenth anniversary of the ICPD, the United Nations Deputy Secretary-General addressed key policy makers and international leaders to galvanize support for the linkages between HIV and sexual and reproductive health. UNFPA has promoted the resulting New York Call to Commitment at regional and global events, including at the Fifteenth International AIDS Conference in Bangkok, Thailand. A working group has been established to provide programme guidance on these linkages. UNFPA, the World Health Organization (WHO), and the International Planned Parenthood Federation (IPPF), in consultation with other partners, are developing a framework of priority linkages, an inventory of related advocacy and programming tools, and country-level case studies.

7. The integration of voluntary counselling and testing into sexual and reproductive health services in UNFPA-IPPF pilot projects in Côte d'Ivoire and India resulted in clear benefits by reducing the AIDS-related stigma; strengthening awareness of healthy sexual behaviour; and increasing access to and utilization of services. Initiatives in Asia, which target young people, promote dual protection and incorporate voluntary counselling and testing within family planning services. UNFPA and IPPF also published guidelines for programme planners, managers and service providers to build capacity in the health system.

8. With regard to the sexual and reproductive health needs of HIV-positive women, UNFPA and WHO have developed clinical guidelines on sexual and reproductive health for women living with HIV. In addition, UNFPA and its partners, including EngenderHealth and the International Committee of Women Living with HIV, have formulated a framework on sexual and reproductive health for women living with HIV.

Coordination and harmonization

9. UNFPA has established an internal task force on United Nations reform to ensure that UNFPA responds effectively to the reform initiatives of the Secretary-General. This task force will enable UNFPA to promote change within the organization and to increase its effectiveness in the development process. In support of the principle of "three ones" for country-level coordination (*one* agreed HIV/AIDS action framework; *one* national AIDS coordinating authority; and *one* agreed country-level monitoring and evaluation system), UNFPA and UNICEF are working together to increase young people's involvement in the common country assessment, the United Nations Development Assistance Framework (UNDAF) and national HIV/AIDS coordination bodies.

10. In Bosnia and Herzegovina, UNFPA has sought to ensure that young people's reproductive health issues are included in national processes and frameworks. UNFPA has also worked with parliamentarians and the media to raise political and public awareness of young people's reproductive needs and rights. In Cambodia, UNFPA and UNICEF, working with the United Nations Resident Coordinator, ensured that the 2006-2010 UNDAF includes a focus on reaching and empowering vulnerable groups and promoting gender equity.

Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

11. The findings of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (see annex), which the Programme Coordinating Board endorsed in June 2005, recognize that strengthening coordination, alignment and harmonization in the context of the "three ones", United Nations reform, the MDGs and the Paris Declaration on Aid Effectiveness is essential for scaling up the AIDS response. UNFPA, as chair of the United Nations Development Group (UNDG) programme group, has been actively involved as a member of the Global Task Team. UNFPA has hosted meetings, worked with the UNAIDS secretariat, and identified appropriate country-level participants for the meetings. UNFPA has also engaged the UNDG programme group in discussions and communicated the findings and recommendations of the Global Task Team to UNFPA field offices.

12. UNAIDS and its co-sponsors are responding rapidly to the recommendations of the Global Task Team and are clarifying the division of labour among co-sponsors in the following areas: (a) scaling up interventions; (b) strategic planning, governance and financial management; and (c) monitoring and evaluation, strategic information, knowledge sharing and accountability. In each technical area, lead agencies have been identified to coordinate United Nations technical assistance.

13. UNDP, UNFPA, UNICEF, WHO, the World Bank, the UNAIDS Secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria have established a global problem-solving team and have estimated the costs of technical support to implement the Global Task Team recommendations. The group is also identifying potential funding mechanisms, such as an expansion of the UNAIDS programme

acceleration funds. Accountability frameworks will become the norm, with lead agencies assuming responsibility for ensuring the delivery of technical support at the country level.

Strengthening national responses

14. Responding to the call of the Programme Coordinating Board for an increased focus on country-level support, including through the unified budget and workplan, UNFPA has re-focused its resources for HIV prevention in Africa to ensure that country offices have the technical capacity to support the national AIDS authority and to strengthen capacity in the 12 hardest-hit countries. UNFPA has initiated similar exercises in each of its geographical divisions.

15. UNFPA is working with other members of the UNDG to strengthen the resident coordinator system and to hold it accountable for supporting national development efforts. UNFPA is considering strengthening further its country offices, especially those in Africa, and reallocating resources from headquarters to enhance its regional presence. UNFPA is also taking steps to ensure that programmes and budgets at all levels are better integrated into the UNFPA multi-year funding framework (MYFF).

Scaling up HIV treatment

16. There is consensus on the need to scale up prevention and treatment simultaneously. The Programme Coordinating Board has recognized the importance of integrating prevention efforts into treatment delivery. Integrating prevention efforts into treatment delivery constitutes the main role of UNFPA in inter-agency efforts to expand access to treatment.

UNAIDS policy position paper on intensifying HIV prevention

17. The Programme Coordinating Board called for the revitalization and intensification of HIV prevention, emphasizing the need for strong linkages to sexual and reproductive health as well as the need to integrate prevention efforts into treatment. These elements were central to the planning by UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Office on Drugs and Crime, of a General Assembly round table on prevention, held in New York in June 2005.

18. In developing the policy position paper on intensifying HIV prevention, which the Programme Coordinating Board endorsed in June 2005, UNFPA provided both human and technical resources to ensure its quality and focus. UNFPA continues to support the drafting of the related UNAIDS action plan, in which UNFPA has proposed to lead efforts in the following areas: (a) gender and culture; (b) promoting linkages between sexual and reproductive health and HIV/AIDS; (c) preventing the sexual transmission of HIV; (d) integrating HIV prevention into AIDS treatment services; and (e) HIV prevention among young people.

19. In order to scale up HIV prevention programmes for young people, UNFPA and its partners developed evidenced-based programme tools, including a global compendium of policy and programme training resources, guidelines and reports. UNFPA continues to build the capacity of its implementing partners in areas such as advocacy, awareness-raising among policy makers, and the integration and expansion of comprehensive adolescent programmes within the HIV/AIDS response. These programmes include: (a) HIV prevention programmes for young people, including those at high risk; (b) support for

youth-friendly health services; (c) the documentation of good practices and lessons learned; and (d) knowledge sharing.

20. To involve and empower young people, UNFPA established a youth advisory panel, a special youth programme, and sponsored the participation of young people in regional consultations to develop the UNAIDS unified budget and workplan for 2006-2007. UNFPA efforts to improve inter-agency collaboration and coordination and to strengthen knowledge sharing and partnerships resulted in a stronger focus on youth at the Fifteenth International AIDS Conference. UNFPA and its partners also launched an inter-agency publication on accelerating youth access to HIV/AIDS interventions. Expanded inter-agency collaboration is also evident in co-sponsor support for the UNESCO-led global initiative on HIV/AIDS and education.

21. In June 2005, to promote youth-adult partnerships in HIV prevention, UNFPA brought together all UNAIDS co-sponsors to support 20 young people from around the world to enable them to launch a report and voice their concerns on progress made on the Declaration of Commitment on HIV/AIDS. Through its global youth partners' initiative, UNFPA supported youth-adult HIV prevention advocacy action plans in several countries.

22. At the April 2005 ministerial meeting held in Moscow, UNFPA, in partnership with UNESCO and UNICEF, organized a special session on young people and HIV/AIDS in the Commonwealth of Independent States. During the meeting, two youth participants presented the work of the youth peer education electronic resource (Y-PEER) and stressed the important role of young people and peer education in the region.

23. In Eastern Europe and Central Asia, a UNFPA-sponsored regional workshop endorsed the recommendations for outreach work with especially vulnerable young people and the minimum standards in peer education. Y-PEER educational activities have reached 1.7 million young people and expanded regional and national network coverage to 191 non-governmental organizations (NGOs) and institutions. Plans to expand Y-PEER to Africa and the Arab States are under way.

24. In Africa, UNFPA and its partners established a youth network on population and development, which emphasizes sexual and reproductive health and HIV/AIDS and the scaling up of responses to the epidemic through an integrated, multisectoral approach. The European Commission/UNFPA Initiative on Reproductive Health in Asia has worked with 19 European NGOs and more than 60 local partners to improve sexual and reproductive health in seven countries. Youth participants in this initiative identified key concerns, including the need for HIV/AIDS prevention, counselling and services. As a result, the members of two UNFPA-supported youth initiatives are working together on advocacy for sexual and reproductive health and on HIV/AIDS information, education and services for young people.

25. In Latin America and the Caribbean, UNFPA is leading an initiative in five countries to increase national commitment and capacities to support: (a) HIV/AIDS prevention for youth; (b) the provision of youth friendly services; and (c) the dissemination of innovative approaches for effective and sustainable HIV prevention among especially vulnerable youth.

Women, gender and AIDS

26. Recognizing the increasing impact of HIV/AIDS on women and girls, the Programme Coordinating Board called for a stronger focus on the underlying gender, social, cultural and economic

issues. It urged UNAIDS to improve and intensify its action for women and girls, including through the seven action areas of the Global Coalition on Women and AIDS. UNFPA, IPPF and YoungPositive are co-conveners in HIV prevention in women and girls and have developed workplans and programmes.

27. Recommendations for action are described in the publication on women and AIDS (published by UNFPA, the United Nations Development Fund for Women, UNAIDS and the Global Coalition on Women and AIDS), which was launched at the Fifteenth International AIDS Conference. Heeding the call to promote female-controlled HIV prevention methods, UNFPA and its partners launched a multi-year, multi-country initiative to scale up female condom programming. The initiative has completed country assessments in six countries and intensified programming in two other countries.

28. Case studies from nine countries indicated that reproductive health programmes that incorporated social and cultural factors could generate a supportive environment for advocacy and service delivery. These studies paved the way to develop culture-training modules, one of which focused on HIV/AIDS, and a manual to engage faith-based organizations in HIV prevention.

29. Responding to the Programme Coordinating Board call for greater action to address gender-based violence and to build partnerships with women's and girls' organizations, UNFPA has worked in over 50 countries to develop protocols and strengthen civil society partnerships to promote gender equality. UNFPA is also enhancing awareness of gender issues, promoting male involvement and emphasizing the role of culture and gender in population and development, reproductive health and HIV/AIDS by providing technical and financial support, training and improved tracking tools. To help combat gender-based violence in Africa, UNFPA organized a regional conference in Gabon in October 2004, which over 200 women ministers and parliamentarians attended.

UNAIDS unified budget and workplan, 2006-2007

30. In responding to the request of the Programme Coordinating Board for a more focused and results-based unified budget and workplan, UNFPA played a lead role in reducing the number of key results in the unified budget and workplan. UNFPA has focused its work on achieving three key results, which are based on the comparative advantages of UNFPA and consistent with the MYFF. As chair of the ad-hoc working group on the inter-agency budget, UNFPA ensured a high level of feedback; a rational division between the UNAIDS secretariat budget and the inter-agency budget; inclusion of regional priorities for joint programming; an agreed approach for monitoring; and accountability structures and mechanisms for inter-agency key results.

31. These actions are also in line with decision 2004/8 of the Executive Board, which urged UNFPA to further develop a results-based management system for planning, monitoring and evaluating the intercountry programme, 2004-2007, to ensure that future reporting is performance oriented, bearing in mind the need for synergies between the intercountry programme and the country programmes.

The way forward

32. UNFPA will continue to maintain its focus, champion United Nations reform and embrace the recommendations of the Global Task Team. For the remainder of 2005 and beyond, the challenge will be to implement the Global Task Team recommendations and, along with UNAIDS partners, to ensure the alignment of common instruments and action plans, including the unified budget and workplan as well as action plans to prevent HIV and scale up treatment.

33. In line with this approach, UNFPA requests the Executive Board to endorse the Global Task Team recommendations and to support UNFPA strategies that focus on: (a) linking sexual and reproductive health and HIV/AIDS; (b) building capacity to scale up effective approaches; (c) partnerships; (d) advocacy and policy dialogue; (e) coordination and knowledge sharing; and (f) building on successes and lessons learned.

34. In the area of young people, efforts will focus on: (a) strengthening youth-adult partnerships; (b) determining the cost, coverage and quality of interventions for young people; (c) determining effective, evidenced-based HIV prevention approaches for very young adolescents; and (d) increasing partnerships and advocacy efforts for HIV prevention for young people.

35. In the area of women and AIDS, efforts will focus on: (a) combating gender inequality, stigma and discrimination; (b) strengthening the linkages between sexual and reproductive health and HIV, including programming for HIV-positive women; and (c) working with the Global Coalition on Women and AIDS to expand partnerships and increase advocacy efforts.

36. In the area of condoms, efforts will concentrate on: (a) intensifying condom programming at the country level, particularly dual protection for sexually active young people; and (b) scaling up female condom programming.

Elements of a decision

37. The Executive Board may wish to:

(a) Take note of the present report (DP/FPA/2005/17);

(b) Welcome the emphasis on support to country-level action;

(c) Endorse the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors;

(d) Support the proposed substantive focus of the UNFPA approach in collaborating with UNAIDS and with other United Nations agencies and organizations, NGOs and the private sector.

Annex

Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

Recommendations

The Global Task Team has developed a set of recommendations on how countries and multilateral institutions and international partners can strengthen, streamline, and better organize their responses to the epidemic. The recommendations are presented under four main headings:

1. Empowering inclusive national leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight

1. Empowering inclusive national leadership and ownership

1.1. The Global Task Team recommends that:

Countries develop annual priority AIDS action plans that drive implementation, improve oversight, emphasize results, and provide a solid basis for the alignment of multilateral institutions' and international partners' support; within related efforts to progressively strengthen national AIDS action frameworks and root them in broader development plans and planning processes.

In order to accelerate national AIDS responses, annual priority AIDS action plans should:

* Be developed in a rapid manner that does not impede ongoing implementation;

* Be costed, prioritized, evidence-based, multisectoral, and include clear and simple monitoring and evaluation frameworks;

* Clearly delineate roles and responsibilities of national stakeholders, multilateral institutions and international partners (who does what, when, and where);

* Detail, prioritize, and cost technical support needs, in areas including information and education, care and treatment, monitoring and evaluation, and procurement and supply management;

* Assess and cost human resource capacity gaps and infrastructure needs; and

* Be developed in a participatory manner by a full range of national stakeholders.

To empower national AIDS coordinating authorities and their supporting mechanisms to develop annual priority AIDS action plans, UNAIDS (together with a broad range of stakeholders) will:

* Develop a set of internationally-recognized standards and criteria for annual priority AIDS action plans, and a scorecard-style tool that countries can use for self-assessments of the plans;

* Based on the requests of countries, assist in the rapid development of annual priority AIDS action plans – including human resource capacity needs – and disseminate lessons learned from an initial group of 5 to 10 countries that develop these plans.

Accountable institution and timeframe:

* UNAIDS to develop standards and criteria and scorecard-style tool by December 2005.

* Upon request from countries, World Bank, UNDP and UNAIDS Secretariat to take the lead in providing support to the development of annual priority AIDS action plans in 5–10 countries in highly-affected regions by December 2005.

* UNAIDS Secretariat to report on progress and disseminate lessons learned by June 2006, with interim reporting by December 2005.

1.2. The Global Task Team recommends that:

Countries ensure that their macroeconomic and public expenditure frameworks support and appropriately prioritize the implementation of national AIDS action frameworks and annual priority AIDS action plans. The World Bank commits to working with the International Monetary Fund, UNDP, and UNAIDS Secretariat to support these actions.

* The World Bank, UNDP, and UNAIDS Secretariat will ensure that resources and technical support are available so that countries can integrate AIDS more fully into Poverty Reduction Strategy Papers (PRSPs)

* The World Bank – working with the International Monetary Fund, UNDP, and the UNAIDS Secretariat – will ensure that evidence on the economic consequences of AIDS shapes its internal policies and its guidance to countries (particularly ministries of finance), and will improve its reviews of Poverty Reduction Strategies and systematically encourage countries to include AIDS in Poverty Reduction Strategies.

* The World Bank – working with the International Monetary Fund, UNDP, and the UNAIDS Secretariat – will assist countries to ensure that macroeconomic and public expenditure frameworks support the implementation of national AIDS action frameworks and annual priority AIDS action plans.

Accountable institutions and timeframe:

* The World Bank, UNDP, and UNAIDS Secretariat to provide support on the integration of AIDS into PRSPs to four countries by December 2005; and to all countries updating PRSPs by December 2006.

* The World Bank to report progress on internal policies, reviews, and country guidance and assistance to the June 2006 PCB.

2. Alignment and harmonization

2.1. The Global Task Team recommends that:

Multilateral institutions and international partners commit to working with national AIDS coordinating authorities to align their support to national strategies, policies, systems, cycles, and annual priority AIDS action plans.

* The Global Fund, the World Bank, and other multilateral institutions and international partners will identify specific approaches to improving the alignment of their financing with country cycles and annual priority AIDS action plans.

* In countries that hold joint annual reviews of the national AIDS programme, the Global Fund, the World Bank, and other multilateral institutions will participate and subsequently accept these joint annual reviews as their primary evaluations (within the governance structures of each).

* Based on requests from countries, UNAIDS, the Global Fund, and the World Bank will support efforts at country level to define problems in the relationship between the single national AIDS coordinating authority and the Country Coordinating Mechanism, clarify principles, and disseminate good practices.

Accountable institutions and timeframe:

* The Global Fund and the World Bank to identify approaches to improving alignment of their financing by December 2005.

* The Global Fund and the World Bank to participate in joint annual reviews and use them as their primary evaluations in at least three countries by June 2006.

* UNAIDS Secretariat, the Global Fund, and the World Bank to jointly report progress in responding to requests from countries to clarify the relationship between the single national AIDS coordinating authority and the Country Coordinating Mechanism to the June 2006 PCB.

2.2. The Global Task Team recommends that:

In line with the OECD/DAC Paris Declaration, the Global Fund, the World Bank, other multilateral institutions, and international partners; (a) progressively shift from project to programme financing based on costed, prioritized, evidence-based, and multisectoral national AIDS action frameworks that are linked to broader development processes such as Poverty Reduction Strategies; and (b) further commit to harmonizing and better coordinating their programming, financing, and reporting.

* The Global Fund and the World Bank will:

  - Pilot joint financial management and procurement assessments, and joint programmatic and financial reporting;

  - When countries wish to have joint approaches, use joint implementation processes; and

  - Take concrete, operational steps to improve communications.

* The Global Fund, the World Bank and other parts of the UN system, and other multilateral institutions and international partners will engage in a process to identify procurement and supply management bottlenecks, and to agree upon concrete steps for the harmonization and alignment of procurement and supply management policies and procedures.

Accountable institutions and timeframe:

* The World Bank and the UNAIDS Secretariat to report progress on a progressive shift from project to programme financing to the June 2006 PCB, and the Global Fund to report progress at the Spring 2006 Global Fund Board meeting.

* The Global Fund and the World Bank to complete piloting of joint financial management and procurement assessments, and joint programmatic and financial reporting by December 2005.

* The Global Fund and the World Bank to institute all steps to improve communications, assess current status of joint implementation processes and identify challenges to expanding the use joint approaches by September 2005.

* The Global Fund, and the World Bank and other parts of the UN system to jointly report progress on addressing bottlenecks to procurement and supply management by June 2006.

3. Reform for a more effective multilateral response

3.1 The Global Task Team recommends that:

The UN Secretary-General instruct the UN Resident Coordinator to establish, in collaboration with the UN Country Team, a joint UN team on AIDS – facilitated by the UNAIDS Country Coordinator – that will develop a unified UN country support programme on AIDS within the national planning framework.

* The joint UN team will provide a common entry point for national stakeholders to more easily access the full range of AIDS-related services available throughout UN system.

* The joint UN team will, upon request, support national AIDS coordinating authorities to develop capacity to oversee implementation and to identify and solve problems, through whichever modality is most appropriate for national contexts.

* The joint UN team will link to global-level problem-solving mechanisms and to regional technical support facilities.

Accountable institutions and timeframe:

* The Secretary-General to communicate to UN Resident Coordinators by September 2005; and the UN Development Group to ensure that joint teams with unified programmes are established in 5–10 countries by December 2005.

* UNAIDS Secretariat to report on progress to the June 2006 PCB.

3.2 The Global Task Team recommends that:

The multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level.

* Multilateral institutions and international partners will assist national stakeholders to convene, under the umbrella of the national AIDS coordinating authority, task-specific teams for problem-solving and concerted action on monitoring and evaluation, procurement and supply management, technical support needs, and human resource capacity development.

* The joint UN system-Global Fund team will meet regularly to help address problems identified by country-level stakeholders.

* The joint UN system-Global Fund team will identify good practices and disseminate them together with the lessons learned to support countries' efforts to scale up their AIDS programmes.

Accountable institutions and timeframe:

* UNAIDS Secretariat to report global progress on the establishment of national task-specific teams for problem-solving to the June 2006 PCB.

* WHO, UNICEF, UNFPA, UNDP, World Bank, UNAIDS Secretariat and Global Fund to take the lead and establish the joint UN system-Global Fund problem-solving team by July 2005.

* WHO and UNAIDS Secretariat to disseminate lessons learned by December 2005.

3.3. The Global Task Team recommends that:

UNAIDS Cosponsors and the Global Fund establish a more functional and clearer division of labour, based on their comparative advantages and complementarities, in order to more effectively support countries.

* The UNAIDS Secretariat will lead a process with the UNAIDS Cosponsors of clarifying and costing a UN system division of labour for technical support to assist countries to implement their annual priority AIDS action plans.

* The UNAIDS Committee of Cosponsoring Organizations (CCO) will commission an independent review of the functioning of UNAIDS' governance structure, including the CCO, the Unified Budget and Workplan, and UN Theme Groups on HIV/AIDS.

* The Global Fund and the World Bank will lead a rapid process to evaluate and clarify areas of overlap, comparative advantages and complementarities between the two.

Accountable institutions and timeframe:

* UNAIDS to agree on UN system division of labour at June 2005 PCB.

* CCO to consider recommendations from the independent review at October 2005 meeting.

* The Global Fund and the World Bank to complete rapid evaluation of areas of overlap, comparative advantages and complementarities by September 2005 Global Fund Replenishment Conference.

3.4. The Global Task Team recommends that:Financing for technical support be considerably increased, including by expanding and refocusing UNAIDS Programme Acceleration Funds so they enable the UN system and others to scale up the provision and facilitation of technical support, based on requests by countries.

* UNAIDS will broaden the scope and means of access to Programme Acceleration Funds to ensure that they can be used to finance the provision of technical support by the UN system, local entities (such as civil society organizations, private sector firms, and governments), regional organizations and technical support facilities, south-south cooperation efforts, multilateral institutions, and others, with further financing provided based on performance.

* UNAIDS and partners will determine the most effective way of financing the expansion of the Programme Acceleration Funds, such as in the form of additional commitments in the Global Fund Replenishment mechanism.

* Through the existing World Bank/WHO capacity-building programme and other initiatives, multilateral institutions and international partners will intensify their efforts to build national capacity on procurement and supply chain management.

Accountable institutions and timeframe:

* UNAIDS to agree on the broadening of Programme Acceleration Funds at June 2005 PCB.

* Multilateral institutions and international partners to agree on financing of the Programme Acceleration Funds by or at September 2005 Global Fund Replenishment Conference.

* The World Bank and WHO to evaluate progress on the building of national capacity on procurement and supply chain management by September 2005.

4. Accountability and oversight

4.1. The Global Task Team recommends that:

Within existing participatory reviews of national AIDS programmes, UNAIDS assist national AIDS coordinating authorities to lead participatory reviews of the performance of multilateral institutions, international partners and national stakeholders that build upon existing OECD/DAC standards and criteria for alignment and harmonization.

* Ideally conducted by an appropriate national stakeholder forum, these transparent and participatory performance reviews would culminate in public dissemination of the results and feedback into national programming.

* UNAIDS, together with a broad range of stakeholders, will develop a scorecard-style accountability tool for measurement of national stakeholders' participation in the AIDS response and international partner alignment to the national AIDS action framework.

* UNAIDS will disseminate globally the results of the assessments of partner alignment, and will organize a transparent and participatory process at global level for the review of partner alignment, including reporting of progress on division of labour within the multilateral system.

Accountable institutions and timeframe:

* UNAIDS Secretariat to take the lead in the development of a scorecard-style accountability tool by December 2005.

* UNAIDS to support and disseminate the results of performance reviews in 10 countries by December 2006.

4.2. The Global Task Team recommends that:

Multilateral institutions and international partners assist national AIDS coordinating authorities in the strengthening of their monitoring and evaluation mechanisms and structures that facilitate oversight of and problem-solving for national AIDS programmes.

* UNAIDS, in close collaboration with countries, will operationalize a Joint Monitoring and Evaluation Facility to ensure consistent global guidance on technical issues, development of monitoring and evaluation tools, and the timely and transparent flow of information to all partners. International partners will ensure that the Facility is fully resourced.

* At country level, multilateral institutions and international partners will establish a Joint Monitoring and Evaluation Country Support Team to align their provision of technical support on

monitoring and evaluation to the national monitoring and evaluation system. In collaboration with the national AIDS coordinating authority, UNAIDS will facilitate the establishment of the Monitoring and Evaluation Country Support Team.

* Multilateral institutions and international partners will ensure that country monitoring and evaluation advisers will, at the request of countries, be based in the offices of national AIDS coordinating authorities.

* National AIDS coordinating authorities, multilateral institutions and international partners to increase the role of civil society and academic institutions as implementers of monitoring and evaluation, including the collection of information from marginalized communities and the critical analysis of national data.

* The Global Fund, the World Bank, and other multilateral institutions and international partners will regularly provide to national AIDS coordinating authorities and the general public:
  - Information on planned and actual commitments and disbursements, including the recipients and the intended use; and
  - Information on performance of the programmes financed, including actual results achieved against targets.

Accountable institutions and timeframe:

* UNAIDS to operationalize the Joint Monitoring and Evaluation Facility by September 2005.
* UNAIDS to establish Joint Monitoring and Evaluation Country Support Teams in five countries by December 2005 and in 10 countries by December 2006.
* UNAIDS to fulfil all national requests for the placement of existing and planned UN system country monitoring and evaluation advisers in the offices of the national AIDS authority by December 2005.
* UNAIDS to measure civil society participation in monitoring and evaluation and report progress at the 2006 UN General Assembly Special Session on HIV/AIDS.

The Global Fund and the World Bank to implement information-sharing practices globally by December 2005

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UNFPA ROLE IN EMERGENCY PREPAREDNESS, HUMANITARIAN RESPONSE, AND TRANSITION AND RECOVERY*

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* The compilation of data required to present the Executive Board with the most current information has delayed submission of the present document.

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I. BACKGROUND

1. In decision 2000/13, the UNDP/UNFPA Executive Board encouraged UNFPA, within its mandate, to: (a) provide appropriate and timely support in emergencies; (b) ensure close cooperation with partners within existing coordination mechanisms; (c) seek extrabudgetary resources through the United Nations consolidated appeal process; and (d) evaluate its organizational capacity and systematize its responses to reproductive health needs in special circumstances. The Board also approved the use of up to $1 million of regular resources per year to support population and reproductive health needs in crisis situations.

2. This document reports on UNFPA participation in emergency preparedness, crisis response and recovery since June 2000, and includes observations on the challenges faced and the new opportunities that exist for the organization. The document provides details on an institutional strategy that has been developed to strengthen UNFPA participation in United Nations reform in the humanitarian, development, and peace and security areas. UNFPA requests the Executive Board to recognize the work and contribution of UNFPA in these areas and to endorse the strategy developed to strengthen agency effectiveness.

II. THE CHANGING CONTEXT OF HUMANITARIAN RESPONSE AND TRANSITION PROGRAMMING: CHALLENGES AND OPPORTUNITIES

3. Complex conflicts and acute or chronic natural disasters exacerbate poverty, diminish the access of affected populations to basic information and social services, undermine human rights and security, and increase vulnerability to gender violence and exploitation. Severe economic dislocation and extended political crises also have implications for meeting basic human needs. It is not a coincidence that countries in these situations -- so-called "fragile states" – have the lowest indicators of human development and are farthest from reaching the Millennium Development Goals (MDGs). It is primarily in the states affected by war, chronic disasters and severe dislocation that the poorest and the most vulnerable populations reside.

4. Such situations are not exceptional in the current global environment. Indeed, an analysis of annual reports from UNFPA country offices in 2003 and 2004 showed that in 67 of the countries in which UNFPA works, there were circumstances that required an agency response that was not planned in the country programme. People in more than 40 countries – including more than half of all UNFPA category A countries – faced threats to their reproductive health due to natural disasters, conflicts, displacement or other crises, and required support to access even basic reproductive health services. In over a dozen countries, UNFPA was involved in national reconstruction and recovery efforts. In a growing number of post-conflict settings, UNFPA was engaged in joint assessments and transition frameworks, the re-establishment of basic services, policy dialogue in the security sector and in health sector reform, and working in integrated United Nations missions.

5. During the past five years, the United Nations reform process has involved the entire United Nations system in areas such as conflict analysis; mediation and resolution; peacebuilding and support for national reconciliation and recovery; and disaster preparedness and response. Changes in United Nations roles and responsibilities have important implications for UNFPA operations at global and country levels. As a member of the inter-agency standing committee on humanitarian affairs as well as the United Nations Development Group, UNFPA is called upon at the headquarters level to play a role in United Nations-wide policy deliberations on a range of peacebuilding and humanitarian issues. At

the field level, as a member of the United Nations country team, UNFPA is a partner in contingency planning, emergency preparedness, development of the consolidated humanitarian action plans and the consolidated appeal process, and in transition and recovery planning and programming.

6. The growing recognition of data, gender and reproductive health needs in emergencies has resulted in increased demand for UNFPA technical and programme support in crisis situations. Involvement in United Nations system processes has also required the attention of staff. Together, these demands have placed pressure on UNFPA, particularly on country offices in crisis settings. On the other hand, the new environment also provides opportunities for UNFPA to fulfil its mandate and to improve the lives of the most vulnerable and marginalized groups. Transition situations, in particular, present expanded opportunities to influence national development policies, to help traumatized and destitute populations protect their reproductive health, to support the equal involvement of women in setting national priorities, and to ensure that recovery planning is based on sound data.

7. The policy environment for considering reproductive health and gender concerns in humanitarian response and national recovery has improved over the past decade. There has been growing awareness of and attention to reproductive health and gender issues in humanitarian situations. This is due both to increased media attention in high-profile emergencies, and also the result of more visible action and advocacy by UNFPA and its partners. A joint evaluation conducted in 2004 by UNFPA, the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Federation of Red Cross and Red Crescent Societies and others found that maternal care, HIV prevention, adolescent-targeted programmes and other reproductive health services for refugees have increased dramatically since the 1994 International Conference on Population and Development.

8. A decade ago, there was little appreciation of the importance of HIV as a humanitarian and security issue or of the particular needs of women and girls in conflict and post-conflict settings. The adoption and follow-up of Security Council resolutions 1308 (2000) and 1325 (2000) have helped to raise the visibility of these issues within and outside the United Nations system. There is also greater awareness of the scope of sexual and gender-based violence in conflict settings and of best practices to prevent such violence and assist survivors. A dramatic indicator of this progress was the October 2004 invitation to the Executive Director of UNFPA to address the Security Council on the impact of sexual violence in war.

9. Post-conflict situations in particular present opportunities for new partnerships and action; being "at the table" during transition planning can ensure that reproductive health, gender and data issues are integrated into recovery planning. Integrated United Nations missions can facilitate more coordinated and comprehensive recovery programming, providing United Nations-wide support for areas of the UNFPA mandate. Participation in joint assessments and in transition frameworks can create synergies with better results for all. Partnerships in disarmament, demobilization and reintegration processes can bring reproductive health care, HIV prevention and gender awareness to new and important target groups.

10. To make humanitarian funding and programming more effective, the United Nations-led consolidated appeal process has grown from a simple menu of emergency projects for potential funding to an instrument for coordination and comprehensive response planning in complex emergencies. Consolidated humanitarian action plans now function in many countries as the primary framework for United Nations programming. They focus on comprehensive needs and include the entire United Nations system rather than a limited group of humanitarian organizations. The consolidated appeal process and the consolidated humanitarian action plans continue to evolve, but a notable development is

the inclusion of reproductive health issues, including HIV prevention, and the increased attention to protection issues, under which the prevention of sexual and gender-based violence and other human rights issues are considered.

11. Humanitarian funding remains a highly inequitable source of funding. Crisis-affected populations in some countries receive dramatically more attention, and consequently more resources, than others. Even within well funded appeals, some sectors are neglected. For instance, non-food requests, including those for health and protection activities, are underfunded in both consolidated appeal processes and transition frameworks. New processes, such as the Good Humanitarian Donorship initiative, are seeking to remedy this.

12. Donor support for UNFPA issues has improved progressively. UNFPA received more than $20 million for reproductive health, hygiene and psychosocial support programmes in the weeks immediately following the tsunami disaster in December 2004. Unfortunately, the vast majority of potential UNFPA beneficiaries are in countries with "forgotten emergencies"– those that receive little global attention and little or no donor support. In such cases, country offices must work diligently with governments to re-programme country programme funds to provide for urgent needs. Growing collaboration between country offices and headquarters for resource mobilization in specific programme areas has begun to yield results, as exemplified by recent contributions from: (a) the European Union for HIV prevention in disarmament, demobilization and reintegration programmes in Côte d'Ivoire; (b) the Government of Belgium for a joint programme to address sexual violence in the Democratic Republic of the Congo; and (c) the African Development Bank for HIV prevention and care for displaced people in the Mano River region.

III. UNFPA ROLES AND PARTNERSHIPS IN HUMANITARIAN AND TRANSITION SETTINGS

13. Although context and needs vary according to local situations, a decade of UNFPA work in crisis and recovery has followed a set of guiding principles: (a) the right to reproductive health is universal and applies to women, men and adolescents everywhere, including during humanitarian crises and recovery; (b) accurate demographic and health data are the cornerstone of effective humanitarian response, national reconstruction, emergency preparedness and conflict prevention; and (c) attention to gender aspects is critical for effective humanitarian response and reconstruction.

14. In 2004, more than one third of the countries in which UNFPA operates faced crises. Some resulted from sudden catastrophic events such as floods, hurricanes or the Indian Ocean tsunami. Others involved complex and continuing emergencies including violent conflict, displacement, and destruction or loss of access to basic health and social services. UNFPA worked with national and local partners, other United Nations agencies, and international and community-based organizations to ensure that reproductive health, data and gender dimensions were integrated into humanitarian response and recovery programmes in more than 40 countries.

15. Activities included rapid assessments and other data collection, including censuses, used to design emergency or recovery programmes; support for reproductive health through training, technical support and the deployment of reproductive health commodities and hygiene supplies; support for women's empowerment; and support to strengthen national emergency preparedness and response capacities.

Emergency preparedness

16. UNFPA has become increasingly involved in emergency preparedness by participating in United Nations country team contingency planning processes and by developing several subregional contingency plans, including those for the Mano River region and for Iraq. In the area of reproductive health, the existence of common standards, guidelines and tools, developed through the Inter-Agency Working Group on Reproductive Health in Crises, and the strong collaboration among member agencies have facilitated contingency planning.

17. As a partner trusted by government authorities and civil society, UNFPA is well positioned to support national capacities for preparedness. In Ecuador, for example, UNFPA has worked with the Government and academia to merge geographic information technology with demographic data to assess community vulnerabilities to natural disasters. During the Iraq crisis, UNFPA worked with national authorities and Red Crescent teams in neighbouring countries to prepare for influxes of refugees and prepositioned basic supplies for maternal health throughout the region and in Iraq. In Benin, as a member of the United Nations contingency planning team, UNFPA developed detailed plans to provide reproductive health support and worked with UNHCR and the Government to establish registration systems in the event of an influx of refugees. When Togolese refugees arrived, UNFPA was able to carry out its commitments immediately.

Lessons learned

18. An analysis of experiences in contingency planning shows that UNFPA can improve performance by: (a) having more flexible administrative and financial arrangements; (b) training staff to improve skills for preparedness planning; (c) establishing a clear division of responsibilities; and (d) developing user-friendly tools and guidance materials. Contingency planning cannot be done alone; effective preparedness also requires investments of time working with a variety of partners, including government and civil society counterparts. True preparedness for a crisis depends on the preparedness capacity of the agency as a whole; this requires total institutional involvement and consensus on standards, procedures and accountability for action.

Emergency assistance

19. Since 2000, UNFPA has provided support in dozens of acute emergencies, whether due to conflict or natural disaster. UNFPA has worked with local and national authorities, non-governmental organizations (NGOs) and United Nations partners to provide reproductive health services and other support to communities affected by major natural disasters in Bangladesh, the Islamic Republic of Iran, the Caribbean and tsunami-affected countries. In Niger, UNFPA is collaborating with the United Nations World Food Programme, the United Nations Children's Fund and the Helen Keller Institute to ensure that food and micronutrient distribution is included in antenatal care services.

20. UNFPA has also provided support in situations of conflict for internally displaced persons, refugees and host communities in over 30 countries. Close relationships with members of the Inter-Agency Working Group on Reproductive Health in Crises, including the International Rescue Committee, CARE and other international NGOs, as well as with UNHCR and the World Health Organization, have facilitated rapid responses. Normally, UNFPA coordinates reproductive health activities and provides technical guidance, while the government or other agencies implement activities on the ground.

Lessons learned

21. Country offices in emergency situations need strong operational support and a rapid response from headquarters and UNFPA country technical services teams (CSTs). Small offices in particular require the deployment of additional staff in order to cope with dramatically increased demands. Well understood standard procedures and the recognition of respective roles help to ensure a rapid response. The established presence of UNFPA and its networks, and attention to local cultural and social contexts are beneficial in understanding the needs of affected populations and in developing locally appropriate responses. However, the documentation of these benefits must be strengthened.

Chronic humanitarian situations

22. UNFPA is working in numerous countries that host long-term refugee populations or have experienced extended crises related to drought, economic disruption or long-term conflict. In such situations, development efforts must be accompanied by humanitarian action and preparedness for more acute crises. In the Occupied Palestinian Territory, for example, UNFPA is providing support to develop national capacities in reproductive health and demographic data systems while at the same time supporting emergency programmes to mitigate the impact of conflict and economic crisis on maternal and family health.

23. In countries hosting long-term refugee populations, such as Azerbaijan, Ethiopia, Guinea, the Islamic Republic of Iran, Kenya, Pakistan, Sudan and the United Republic of Tanzania, UNFPA is working with host governments and UNHCR to ensure that refugee communities have access to basic reproductive health care, including services to prevent HIV and gender-based violence. In Southern Africa and the Horn of Africa, the nexus of drought, poverty and HIV has required a reconsideration of traditional programmes in order to combine development and humanitarian support.

Lessons learned

24. In situations of chronic crisis, country programmes must be flexible in order to respond to changing needs. New areas of technical expertise may be required. Current country programme funding mechanisms are not conducive to providing the support necessary for long-term refugee situations; such support remains dependent on extrabudgetary funding, which is unpredictable and uneven. For HIV prevention in particular, the inability to sustain interventions has serious consequences. Artificial distinctions between development and humanitarian action impede considered and comprehensive programmes that are necessary in such situations to protect reproductive health and address gender violence.

Transition and recovery

25. UNFPA is supporting activities in numerous post-conflict and natural disaster recovery situations. The Fund has supported the rehabilitation of maternal health services in Afghanistan, Angola, Bangladesh, the Democratic Republic of the Congo, Eritrea, the Islamic Republic of Iran, Kosovo, Timor-Leste and Turkey, among others. In Côte d'Ivoire, Eritrea, Ethiopia, Liberia and Sierra Leone, it has been active in inserting reproductive health and gender aspects into demobilization programmes. In collaboration with the Government of Sierra Leone, UNFPA developed a pilot programme for comprehensive HIV prevention in a post-conflict environment. The programme included aspects that identified and targeted vulnerable groups including the military, internally displaced persons, returnees, youth, and women and girls who had suffered trauma. In many post-

conflict settings, UNFPA has been requested by governments to undertake the challenging task of re-establishing national statistical systems and supporting censuses. UNFPA has supported such efforts in Afghanistan, Kosovo, Rwanda and Sierra Leone and is currently planning censuses in Iraq and Sudan.

Lessons learned

26. Transition and recovery situations present clear opportunities to integrate reproductive health and gender concerns into national development plans. Reliable data is critical for effective recovery planning; UNFPA is a recognized leader in this area. Yet working in such situations requires much more intensive technical and operational support than in regular programmes. This needs to be better considered in human and financial resource planning. To carry out programmes in such settings, the Fund requires considerable external resources; mobilizing these resources and reporting on their use also has human resource implications. Advocacy efforts and the documentation of successes attract donor support and help to keep UNFPA "at the table". However, work in this area must be strengthened.

Implementation of Security Council resolutions

27. UNFPA has worked diligently to implement Security Council resolution 1325 (2000) on women, peace and security. UNFPA convened a conference in 2002 that brought together activists and experts from conflict and post-conflict countries to guide the Fund in prioritizing its work. Subsequently, UNFPA has sought to implement the three main recommendations of the conference by: (a) ensuring that conflict-affected women and girls have access to basic reproductive health services; (b) building capacity in local women's organizations; and (c) focusing attention on prevention and care for victims of gender-based violence.

28. UNFPA worked closely with the United Nations Development Fund for Women (UNIFEM) during the independent expert's study on women, war and peace and continues to collaborate with UNIFEM in many areas of advocacy and operations. The two agencies are organizing a technical meeting on sexual violence in conflict situations to be held in October 2005. This meeting will provide the basis for an ambitious inter-agency initiative to address sexual violence in conflict situations.

29. UNFPA has also provided support to implement Security Council resolution 1308 (2000) on HIV/AIDS and security. UNFPA was a founding member of the steering committee on HIV and security that developed the programme of action to integrate HIV prevention into peacekeeping operations. UNFPA continues to work closely with the Joint United Nations Programme on HIV/AIDS and the Department of Peacekeeping Operations to support HIV prevention and gender awareness for peacekeepers.

30. UNFPA work in reproductive health programmes with uniformed services has provided a good foundation to intensify HIV prevention with national military and police forces. The Fund has programmes with the military, including in peacekeeping contributing nations, in over 25 countries, including 14 countries in Latin America and in other countries such as Côte d'Ivoire, the Democratic Republic of the Congo, Eritrea, Sierra Leone, Timor-Leste and Ukraine.

IV. INSTITUTIONAL MAINSTREAMING AND STRENGTHENING CAPACITIES

31. A review of the environment and experiences in the field over the past few years has clearly indicated that UNFPA must adopt a paradigm shift in the way it works. Country offices have repeatedly voiced the need for greater programming and operational flexibility, technical guidance and support in new areas, and an acknowledgement of the new demands placed on them as part of a changing United Nations. Participants at the UNFPA global meeting in 2004 stressed the need to integrate emergency response and recovery issues into field, CST and headquarters thinking. They noted that, while UNFPA had significantly increased its work in crisis situations, the programming was often isolated from other aspects of the Fund's work.

32. As a follow-up, UNFPA undertook a consultative process involving field, CST and headquarters staff who worked together to identify strategies to remove obstacles and achieve responsive, effective programming and operations in crisis situations. A global consultative meeting in March 2005 recommended mainstreaming preparedness, humanitarian and recovery dimensions into all UNFPA policies, structures and programmes. It noted that this process would improve UNFPA performance and contribute to meeting the goals of the multi-year funding framework (MYFF) while helping national partners meet the MDGs.

33. Utilizing the consultative meeting recommendations, interdivisional teams have developed a strategy designed to strengthen UNFPA programming for humanitarian and transition and recovery settings and to mainstream preparedness into all aspects of the work of the organization. The strategy, which was endorsed by the UNFPA Executive Committee in June 2005, involves a phased, participatory and transparent process to deliver a new approach to UNFPA work within three years.

34. The strategy identifies practical steps to improve UNFPA capacity to adapt and respond to crises, and to play an integral role in national recovery processes. UNFPA has developed time-bound and prioritized workplans for action in five areas: (a) enhancing human resources; (b) strengthening strategic partnerships; (c) increasing funding; (d) reinforcing logistics, security and administration; and (e) improving communication.

35. UNFPA will enhance human resources through staff training, the establishment of rapid-response capacities, the reconsideration of competencies required for work in humanitarian or post-conflict settings, and the establishment of stand-by arrangements with other organizations.

36. UNFPA will continue to exercise technical leadership in developing tools, guidelines and policies to integrate reproductive health, population and gender concerns into all humanitarian and transition programmes. UNFPA will also establish stronger strategic partnerships to ensure that technical work translates into field action in a collaborative manner. The Fund will strengthen work with non-traditional partners, reflecting its commitment to culturally sensitive programming.

37. UNFPA will develop a targeted resource mobilization plan to obtain increased funding for humanitarian and transition activities, including the regular analysis of donorship policies and trends; dedicated support to country offices to participate in consolidated appeals and multidonor trust funds; and increased joint programming.

38. UNFPA will also reinforce logistics, security and administration based on a thorough review of existing practices and their conduciveness to programme and operational requirements. The Fund will

evaluate and adapt procedures for the procurement, storage and transport of goods and commodities in emergency situations.

39. Improving communication is a major component of the strategy. This will involve improved environmental scanning, the development of better internal communication systems, knowledge sharing for more effective action, and the design and implementation of a plan for external advocacy, including media outreach.

40. UNFPA intends to complete this process by January 2008, in time for the new MYFF cycle. UNFPA has already taken a number of actions, and many aspects of the initiative can be accomplished using existing processes of review and revision. Others will require additional human and financial resources for which the Fund will seek external support.

41. UNFPA is grateful for the support of Executive Board members in this area over the last few years. The flexibility that the Board provided when approving the establishment of the emergency fund has helped UNFPA respond to urgent needs in programme countries. UNFPA makes no proposals at this time to change the current arrangement with regard to the emergency fund, but will seek support to accomplish the paradigm shift required by the new environment. This initiative will result in improving our own capacity in the areas of our mandate, to achieve results at the country level.

42. UNFPA will continue to solicit the views of partners on its role and effectiveness in emergency and recovery situations and to seek ideas from others on ways to improve its performance. In doing so, UNFPA will demonstrate its commitment to the ideals expressed in the report of the Secretary-General, "In larger freedom: towards development, security and human rights for all" (A/59/2005), to advance United Nations reform.

43. The work in this area will also respond to the recommendations contained in Economic and Social Council resolution E/2005/L.19 on strengthening the coordination of emergency humanitarian assistance of the United Nations. The resolution requests the relevant organizations of the United Nations system to strengthen essential common humanitarian services so that these services can be provided in a predictable, efficient and effective manner; to engage at regional and national levels to support humanitarian response capacities, in particular through preparedness programmes; and to enhance capacity to fill gaps in critical humanitarian programming sectors.

44. UNFPA is confident that the implementation of the strategy outlined above will contribute to this effort and will also make UNFPA a stronger organization – better able to deliver its mandate and to reach its full potential as a partner in United Nations reform.

V. ELEMENTS OF A DECISION

45. The Executive Board may wish to:

(a) take note of UNFPA work in humanitarian and transition settings;

(b) encourage continued efforts by UNFPA in policy advocacy, technical leadership and field collaboration with partners;

(c) endorse the strategy for strengthening institutional capacity;

(d) encourage contributions toward the capacity-building initiative.